

Barriers to Comprehensive Care in Intensive Care Units

Nutan Potdar¹, Mahadeo B. Shinde², Sharvari Sadare³

¹Asst.Professor, Krishna Institute of Medical Sciences Deemed Universities, Faculty of Nursing Sciences Karad.(India)

²Professor, Krishna Institute of Medical Sciences Deemed Universities, Faculty of Nursing Sciences Karad.(India)

³Clinical Instructor, Krishna Institute of Medical Sciences Deemed Universities, Faculty of Nursing Sciences Karad.(India)

Abstract: *The environment of intensive care unit may have substantial impact on both health care outcomes and patient's safety. Performance obstacles are the factors that hinder in the Intensive Care Nurses capacity to perform their jobs. Objectives-To assess barriers perceived by doctors, nurses, patients and care takers to comprehensive nursing care in intensive care units and to co-relate barriers perceived by them. Methodology: A cross sectional descriptive approach with an in-depth interview was used for this study. Dependent variable was comprehensive care provided to patients in Intensive care units and the independent variable was barriers to Intensive care units. Research setting of this study was Intensive care units of Krishna Hospital, Karad. A convenient sampling technique was used for this study and the population was 60 doctors, nurses, patients, and relatives each. Results: The identified barriers are experienced by doctors and nurses are increased workload, less equipments and supplies indifferent attitude among co-workers and less staff patient ratio. The barriers experienced by patients and care takers are in appropriate care and late care. Conclusion - The findings reveals that increased workload, less equipments and supplies, indifferent attitude among co-workers and less staff patient ratio are the major barriers experienced by doctors and nurses.*

Keywords: Barriers, comprehensive care, nursing care and intensive care unit

1. Introduction

Since care is influenced by cultural, economic and social factors, varies diverse barriers exists in the realization of care. Unfinished care has a strong relationship with quality of comprehensive care. Most issues related to tasks incompleteness arise from staffing and workload.^[1]

Health team members today are providing care, education and case management to an increasingly diverse patient population. That is challenged with a triad of cultural linguistic and health literacy barrier for this patient. Culture and language set the context for the acquisition and application of health literacy skills. Health team members are in an ideal position to facilitate interconnections between patient cultural language and health literacy in order to improve health outcomes.^[2]

The work environment of intensive care may have substantial impact on both health care outcomes and patient safety. The factors in a health team members' immediate work environment in the local work context have not been studied in detail to provide useful, specific information of work redesign efforts to improve health care provider's work and patient safety. Performance obstacles are the factors that hinder intensive care nurses' capacity to perform their jobs and that are associated closely with their immediate work environment.^[3]

One of the studies conducted by centre for health services was on work environment and work force problems. Insufficient staff, time demands and stressful work environment experienced as obstacles.^[4]

In Iran countrywide over 70,000 nursing staff has been employed to provide nursing care in Iranian hospitals. Nursing is the largest health care profession in Iran responsible for the care of their patients.^[5]

In a study conducted by College of Nursing Kuwait on adverse patient outcome correlated to nurse's workload. The result of it shows that increase in patient load, bed occupancy rate, unstable patient condition, extra ordinary life support efforts and non nursing tasks are the barriers to nursing care.^[6]

In a study conducted in London School of Hygiene reported that nurses' experience barriers to delivering quality care in areas that are of particular concern to patients and to describe with aspects of care are most affected when nurses' lack the required resources such as time, tools and training to do their job.^[7]

Nursing care is one of the major health care services, it contributes a lot to the patient healing process. Even though there are competent physicians present in a given institution. It would not be adequate without appropriate nursing care. Nurses have 24 hour contact with patients as well as being near to them. Thus, as they are the front line, the patients expect more from them and nurses should also fulfill patient's needs with competence and a compassionate approach. If the patient is denied appropriate care the healing process is obviously compromised on this line assessing barriers and critical care unit, while providing nursing care is crucial in order to identify the obstacles to the nurses in their work environment and at the same time improve the nursing services.^[8]

As barriers to comprehensive care was not assessed adequately or not at all gain attention in our country .This study would be the baseline on this direction and also helpful for improving the health care services .Rising health costs and competition among hospital facilities have resulted in the need to recognize the barriers to comprehensive care-particularly and critical care units. Nurses provide primary services to the patients there for their role influential to the patient.^[9]

2. Problem Statement

“ A study to assess the barriers to comprehensive care in intensive care units of Krishna Hospital, Karad.”

3. Objectives

- 1) To assess the barriers perceived by doctors to comprehensive nursing care in intensive care units
- 2) To assess the barriers perceived by nurses to comprehensive nursing care in intensive care units.
- 3) To assess the barriers perceived by patients and care takers to comprehensive nursing care in intensive care units.
- 4) To co-relate barriers perceived by doctors with nurses.
- 5) To co-relate barriers perceived by patients with care takers to comprehensive care in intensive care units.

Assumption

- There are certain barriers like increased work load, less staff patient ratio, low salary, less equipments and supplies, overcrowding etc. which affect the comprehensive nursing care provided to the patients.
- The barriers to ICUs will give information about performance obstacles to health team members in their work environment.

4. Research Methodology

Research methodology involves the systematic procedure by the researcher which starts from the initial identification of programme to its final conclusion. ^[10]

- **Research approach**
Descriptive approach
- **Research design**
Cross sectional

• VARIABLES

Dependent variable;

Comprehensive care provided to patient in Intensive Care Units

Independent variable;

Barriers to Intensive Care Units

Research setting

Intensive care units of selected Krishna Hospital, Karad, of daily patient turn over 7 in Medical ICU's, 5 in Surgical ICU's, 3 in Emergency ICU's and 6 in Cardiac ICU's.

Population

Doctors, staff nurses, patients and relatives in Intensive care units of Krishna Hospital, Karad.

Sample technique

Convenient sampling

Sample size

60 doctors,60 staff nurses, 60 patients and 60 relatives in Intensive care units

Data collection tool

In-depth interview regarding specific barriers

Criteria for selection of samples

Inclusion criteria

- 1) Doctors having more than 6 months experience in ICU'S
- 2) Nurses who are working in Intensive care units more than 1year experience
- 3) Patients who are admitted in intensive care units more than 2 days
- 4) Patients who are conscious
- 5) Relatives of patients who are admitted in ICU'S more than 2 days

Exclusion criteria

- Doctors who are not having the experience in ICU'S
- Nurses who are not working in Intensive care units
- Patients who are unconscious, does not respond to verbal Stimuli
- Patient who are deaf and dumb does not respond or communicate
- Relatives who are not interested to participate

5. Major Findings

Majority 91.6% were male doctors and 61.6% were female nurses, were as 80% of patients were males and 68.3% relatives are also males. 88.3% of doctors and 70% of nurses were having 1-5 years of experience. 85 % of patients and relatives are having the 1-5 days of hospital stay.majority of doctors (44.3%) and nurses (50%) reveals the workload is the main stress that is experienced. 8.3% of doctors complaints that indifferent attitude among co-workers is the cause of stress. 1% of nurses states that less staff patient ratio is the main cause. While (45%) doctors reveals that they can adjust with the situation of stress and nurses (68.3%) reveals that by the proper communication they can reduce the stress. 11.6% of doctors and 8.3% of nurses don't have the stress in working environment. Majority of doctors (36.6%) and nurses (40%) reveals pending of works is the main impact of stress on work. While 6.6% doctors and 3.3% of nurses complaints the medical errors are the main impact of stress. doctors (33.3%) have experienced confusion because of stress and the majority of nurses not affected by stress. 13.3% doctors are not affected by stress and 20% of nurses are not responded to the question. The cause of overcrowding according to nurses (66.6%) was patients and relatives. 58.3% of doctors are not responded to this question, 16.6% of doctors and 11.6% of nurse's complaints that the cause of overcrowding is mass congestion.

The impact of overcrowding on patient care for doctors (43.3%) and for nurses (66.6%) is disturbance in patient care. 6.6% of doctors are not affected by overcrowding and 6.6% of nurses complaints that late discharge is the negative outcome of overcrowding. 38.3% of doctors experiences work overload because of shortage of nursing and physician staff. 41.6% of nurses experiences the problem of work overload and can not consider all patients. 3.3% of both doctors and nurses are not responded to the question. the main problem faced by doctors(41.6%) with patients relatives is disturbing continuously and the main problem faced by the majority of nurses with patient's relatives is disobedience of hospital rules. 8.3% of doctors and 1.6% of nurses are affected with language problem. the influence of patients relatives on routine patient care of doctors(41.6%) and nurses (51.6%) are pending of works. 16.6% of doctors are complaints about no co-operation from the relatives and 10% of nurses are complaints about stress. majority of doctors (73.3%) and nurses (46.6%) are managing the patient's relatives by proper communication. While 13.3% of doctors manage the patients relatives by scheduling the proper visitors time and force by security. 20% of nurses control the patient's relatives by scheduling proper visitor's time. The impact of performance weakness for both doctors (36.6%) and nurses(50%) is unable to give properly. 8.3% of doctors and 10% of nurses are experienced negative patient outcome because of performance weakness. The majority of doctors (53.3%) not getting any in-service education, they improve their performance by experience. While majority of nurses (38.3%) are getting ward teaching for improving their performance. Both doctors (10%) and nurses (6.6%) are getting less work shops for improving their performance.

Majority of doctors (40%) maintain equality by providing care as per need. The majority of nurses (58.3%) maintain equality by considering patient equally. 26.6% of doctors and 10% of nurses maintain equality in providing care by maintaining staff patient ratio. majority of doctors (45%) satisfy the needs of patient by maintaining IPR and nurses (83.3%) satisfy the needs of the patients by providing proper care. 20% of doctors and 6.6% of nurses satisfy the needs of patients by improving patient's condition. majority of doctors(35%) and nurses (33.3%) compromised their patient care by professional competency. 16.6% of doctor's professional competency not affecting the patient care. 16.6% of nurses professional competency improves the performance. majority of doctors (75%) is not affected by low salary, while majority of nurses (51.6%) are leaving the hospital because of low salary. Only 25% of doctors were dropping out from hospital because of low salary were as 48.3% nurses are not affected by low salary. Doctors (41.6%) and nurses (65%) are facing the problem of lack of equipments to assess the patient's condition. 11.6% of doctors are face the problem of lack of knowledge to assess the patient's condition and 3.3% of nurses facing the language problem. lack of equipments is the major problem faced by doctors (41.6%) and nurses (65%) which evolve negative patient outcome. 11.6% of doctors are unable to diagnose the patients condition properly and 3.3% of nurses are unable to give care because of ineffective triage. majority of doctors (33.3%) contributes to positive patient outcomes by early diagnosis and treatment. Were as 41.6% of nurses

evolve positive patient outcome by implementation of proper care. 8.3% of doctors and 10% of nurses contributes positive patient outcome by division of work. Majority of doctors (33.3%) improves clinical management practices by co-operation among all staffs, while 35% of nurses improves clinical management practices by uploading knowledge. 16.6% of doctors improves clinical management practices by proper experience and care, were as 16.6% of nurses improves clinical management practices by self evaluation.

Majority of patients (46.6%) and relatives (65%) are not experiencing any medical negligence were as 15% of patients and 5% of relatives are facing the problem of late care. Majority of patients (85%) and relatives (91.6%) are participating in patient care activities by following doctors order, were as 15% of patients and 8.3% of relatives are not participating in the patient care activities. Majority of patients (65%) and relatives (56.6%) are satisfied with the care provided by the health team members. Were as 1.6% of patients are complaining about late care and 3.3% of relatives are satisfied with care provided by student nurses

6. Discussion

The present study focused on a study to assess barriers to comprehensive nursing care in intensive care units of selected tertiary care hospitals .The findings of the study were discussed as follows;

In present study the identified barriers experienced by doctors and nurses are workload (44.3% doctors and 50% nurses), less equipments and supplies (23.3% doctors and 6.6 % nurses), Indifferent attitude among co-workers (8.3% doctors and 41.6 % nurses), and less staff patient ratio (31.6 doctors and 1.6 % nurses) after barriers that are identified. During study are overcrowding (10% doctors and 7% nurses), influence of patients relatives (25% doctors and 66.6% nurses ,low salary(51.6% nurses and 25% doctors).

The barriers experienced by patient and relatives are inappropriate care (38.3% patients and 30% relatives), late care 15% patients and 5% relatives) and 46.6% of patients and 65% of relatives are not experiencing any barriers.

Supportive study shows by division of health policy in medical school of public health, university of Minneola, USA In 272 nurses from 17 ICU's of 7 hospitals participated the study .Most frequently experienced performance obstacles included noisy work environment (46%)distraction from families (42%) hectic and crowded work environment (77%) delay in getting medication from pharmacy (36%) loss of time in teaching families (36%) lack of equipments(32%).

In the present study the correlation between stresses that are faced by doctors and nurses during working are significantly associated, with the barrier to comprehensive care in ICU.In the present study the influence of work experience in reduction of stress is significantly associated with the barriers to comprehensive care in ICU.In the present study the meaning of overcrowding is significantly associated with the barriers to comprehensive care in ICU's. The impact of

overcrowding on patient care is significantly associated with the barriers to comprehensive care in ICU. The influence of patients and relatives on routine patient care is significantly associated with the barriers to comprehensive care in ICU. The techniques used to manage patients relatives are significantly associated with barriers to comprehensive care in ICU. The in-service education that are getting to improve performance of doctors and nurses are significantly associated with barriers of comprehensive care in ICU. The techniques which used to maintain equality in providing care to patients by doctors and nurses are significantly associated with barriers to comprehensive care in ICU. The methods which are used by doctors and nurses to satisfy the needs of patients are significantly associated with barriers to comprehensive care in ICU. The impact of low salary on dropping out of staffs from hospital is significantly associated with the barriers to comprehensive care in ICU.

The problem that is facing to assess patients condition by doctors and nurses are significantly associated with the barriers to comprehensive care in ICU. The clinical management practices of doctors and nurses are significantly associated with the barriers to comprehensive care in ICU.

7. Conclusion

The finding reveals that increased workload, less equipments and supplies in different attitude among co-workers, & less staff patient ratio are the major barriers experienced by doctors and nurses to comprehensive nursing care in intensive care units. Where as inappropriate care and late care are major barriers experienced by patients & relatives to comprehensive nursing care in intensive care units.

8. Limitations

- 1)The study is limited to intensive care units of tertiary care hospitals.
- 2)No broad generalization could be made due to small size of sample.

9. Recommendations

- 1)A similar study can be replicated on a large sample in a different area
- 2)Sample size & different area would provide invaluable evidence in the area of practice.
- 3)In the future studies, the study population should include other paramedical staff also.
- 4)Barriers to comprehensive nursing care should be studied in the other wards also. It is another effective way of knowing the barriers to comprehensive nursing care.

References

- [1] Rocker GM, Curtis JR. Caring for the dying in the intensive care unit: in search of clarity. JAMA. 2003 Aug 13;290(6):820-2.
- [2] Shinde M, Kapurkar K. Patient's Satisfaction with Nursing Care Provided in Selected Areas of Tertiary Care Hospital. International Journal of Science and Research. 2014 Feb;3(2).

- [3] Nelson JE. Identifying and overcoming the barriers to high-quality palliative care in the intensive care unit. Critical care medicine. 2006 Nov 1;34(11):S324-31.
- [4] Pronovost PJ, Needham DM, Waters H, Birkmeyer CM, Calinawan JR, Birkmeyer JD, Dorman T. Intensive care unit physician staffing: Financial modeling of the Leapfrog standard*. Critical care medicine. 2004 Jun 1;32(6):1247-53.
- [5] Meyer E, Lees A, Humphris D, Connell NA. Opportunities and barriers to successful learning transfer: impact of critical care skills training. Journal of Advanced Nursing. 2007 Nov 1;60(3):308-16.
- [6] Sachs GA, Shega JW, Cox-Hayley D. Barriers to excellent end-of-life care for patients with dementia. Journal of General Internal Medicine. 2004 Oct 1;19(10):1057-63.
- [7] Hommelstad J, Ruland CM. Norwegian nurses' perceived barriers and facilitators to research use. AORN journal. 2004 Mar 31;79(3):621-34.
- [8] Emanuel LL, Emanuel EJ. The medical directive: a new comprehensive advance care document. Jama. 1989 Jun 9;261(22):3288-93.
- [9] Knauff E, Nielsen EL, Engelberg RA, Patrick DL, Curtis JR. Barriers and facilitators to end-of-life care communication for patients with COPD. CHEST Journal. 2005 Jun 1;127(6):2188-96.
- [10] Shinde M, Anjum S. Introduction to Research in nursing. Sneha Publication India (Dombivili). 2007.

Author Profile



Mrs Nutan Potdar is Assistant Professor, Krishna Institute of Medical Sciences Deemed Universities, Faculty of Nursing Sciences Karad.(India)



Dr. Mahadeo Shinde is Professor, Krishna Institute of Medical Sciences Deemed Universities, Faculty of Nursing Sciences Karad.(India)



Ms Sharvari Sadare is Clinical Instructor, Krishna Institute of Medical Sciences Deemed Universities, Faculty of Nursing Sciences Karad.(India)